



SPONSOR OF CENTER FACILITY MONITORING FORM **CHILD CARE FACILITIES**

Required Monitoring: An average of 3 times per year at each facility, with a minimum of 2 unannounced reviews per facility when averaging reviews. Review averaging must be stated in the management plan or 3 visits per facility are required.

___ Announced

___ Unannounced

MONITORING CHECKLIST

Today's Date: _____ Monitor's Arrival Time: _____ Monitor's Departure Time: _____

Sponsoring Organization [Main Site]: _____ Address of Facility: _____

Monitor's Name: _____ City: _____ Zip: _____

1. Site Being Monitored: _____
2. Was a meal service observed? ___ Yes ___ No ___ Breakfast ___ Lunch/Supper ___ Snack
3. Number of children served: _____ Number of caregivers present: _____
4. Complete this chart for the meal observed (if applicable):

Food Component	Foods Served	If Food Is Delivered What is the Temp?	Amount Served Per Child
A. Milk as a beverage			
B. Vegetable / Fruit Serve 1 or more at Breakfast Serve 2 or more at Lunch/Supper Optional: Serve 1 or more at Snack			
C. Bread or bread alternate			
D. Meat or meat alternate			
E. Additional foods			

5. Check applicable box to evaluate each item:

Item	Yes	No
A. Did meal/snack meet meal pattern requirements?		
B. Temperatures: Freezer temp is _____. Refrigerator temp is _____. Are these safe temps? 0° or less 33 - 40°		
C. Are tables and food preparation surfaces sanitized before and after use?		
D. Dry Storage - clean, food items covered & stored 6" off of the floor?		
E. Daily Records - Meal Participation Records - Are children counted at the time of meal service? Are the Meal Participation Records current through today's date?		
Are Food Production Records or Delivery Receipts complete through yesterday?		
Attendance Records – Does attendance justify today's meal counts?		
F. Enrollment Data – Are Income Eligibility Forms (IEF's) on file and current for all participants? If No is checked, there must be follow up within 2 weeks.		

G. On Lines 1 thru 5, use the Meal Participation Record. Review the most recent week that has meals claimed for 5 days in a row. Record the date and the total number of meals that were served on each day. Next, check the Sign In/Out Sheets for these same dates and write the number of children who were signed in at the time of these meal services.

Indicate with a checkmark or an "X" if **YES** the meal counts appear reasonable when compared to the Sign In/Out Sheets. Indicate with a checkmark or an "X" if **NO** if the meal counts do not appear reasonable when compared to the Sign In/Out Sheets.

Date		Meal Participation Records Totals					Sign In/Sign Out Sheet Totals					Yes	No				
1.	_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	_____	_____
2.	_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	_____	_____
3.	_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	_____	_____
4.	_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	_____	_____
5.	_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	B_____	am	Sn_____	L_____	pm	Sn_____	Sup_____	_____	_____

If you have indicated NO, please provide an explanation of the difference between the Meal Participation Record and the Sign In/Out Sheets. Also, indicate the date when you will conduct the required follow up review.

Follow Up Review Date: _____

B=Breakfast Sn=Snack L=Lunch Sup=Supper

6. List any problems observed with the meal service or required record keeping. What corrections will be made and in what time frame? If there were problems, monitor must revisit within 2 weeks and document the follow-up findings.

Monitor's Signature: _____ Date: _____

Reviewed Site Coordinator: _____ Date: _____

7. A follow up review of this site must be performed: ____ Yes ____ No

Follow Up Review conducted on _____
Date

Corrections made on this site include: _____

Monitor's Signature: _____

Date:

Upon completion, all monitoring form copies should be sent to the following address:
MT CACFP
PO Box 202925
Helena MT 59620-2925